

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

x Specified Remedy

(Will use the criteria and  
notice requirements specified  
in the regulation.)

STATE	<u>Louisiana</u>	A
DATE	<u>SEP 12 1995</u>	
DATE	<u>OCT 19 1995</u>	
DATE	<u>JUL 1 1995</u>	
DATE	<u>95-17</u>	
HCFA 179		

TN No. 95-17 Approval Date: OCT 19 1995 Effective Date: JUL - 1 1995  
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